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## TRANSMITTAL FORM

be used for all correspondence after initial filing)

Application Number	10/773,089
Filing Date	February 3, 2004
First Named Inventor	Andrew Dellow
Art Unit	2109
Examiner Name	Supriya Ahuja
Attorney Docket No.	851963.415

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aner min			Attorney Docket No	0.	8519	63.415	
ENGE /							
ENCLOSURES (check all that apply)							
Fee Transmittal Form Fee Attached Amendment/Response After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement and Transmittal Cited References Certified Copy of Priority Document(s) Response to Missing Parts under 37 CFR 1.52 or 1.53 Response to Missing Parts/Incomplete Application  Draw Req Rec Cited Rec Corr State 3.73 Terr Req CD, of C		rawing(s) equest for Corrected Receipt censing-related Paper etition etition to Convert to a rovisional Application ower of Attorney, evocation, Change of orrespondence Addre eclaration ratement under 37 CF 73(b) erminal Disclaimer equest for Refund D, Number CD(s) Landscape Table o	ess R		after Allowance communication to TC appeal Communication to coard of Appeals and interferences appeal Communication to C (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Seturn Receipt Postcard Other Enclosure(s) (please Sentify below):		
Remarks	et of Drowings (F	·-	4)				
1 Replacement She	et of Drawings (F	ıg.	1)				
	SIGNATURE O	FA	APPLICANT, ATTOR	RNEY,	OR AG	BENT	
		l Property Law Group PLLC			Customer Number 38106		
Signature E Runell Lack							
Printed Name E. Russell Tarleton							
Date August 27, 2007			Reg. N	No. 31,800			
CERTIFICATE OF TRANSMISSION/MAILING							
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.							
Signature							
Typed or printed name Date:							
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.							

	Complete if Known								
XP	Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).				Application Number 10/773,089				
•	FEE TRANSMITTAL		Filing Date		February 3, 2004				
	2.7 2007 W For EV 2007				First Named Inventor		Andrew Dellow		
DUG.	For FY 2007				Examiner N	Examiner Name		Supriya Ahuja	
	Anniègant claims small entity status See 37 CFR 1 27				Art Unit		2109		
SV &	AMOUNT C	F PAYMENT	(\$)450		Attorney Do	cket No.	851963.415		
7	METHOD OF PAYN	NENT (check all			·!····································				
	Check Credit Card Money Order Other (please identify):								
	Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC								
	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
	Charge fee(s) indicated below  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee								
	= -	, ,	e(s) or underpay		<u> </u>	•		any overpayments	
		, nder 37 CFR 1			_ 5,			, ,	
	Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
	FEE CALCULATIO	N							
	1. BASIC FILING,	SEARCH, AND	EXAMINATIO	N FEES					
		FILING	FFFS	SEARC	H FEES		INATION		
		TILINO	i EES	JEANG		Fl	EES		
			<b>Small Entity</b>		Small Entity	<u>.</u>	Small Entity		
	Application Tune	Eac (\$)	Fac (6)	Coo (\$)	Fac. (\$)			Face Daid (A)	
	Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fees Paid (\$)	
	Utility	300	150	500	250	200	100		
	Design	200	100	100	50	130	65		
	Provisional	200	100	0	0	0	0 .	<del></del>	
	2. EXCESS CLAIM	FEES					_	Small Entity	
	Fee Description						<u> </u>	Fee (\$) Fee (\$)	
	Each claim over 20 (i	•	·				•	50 25	
	Each independent claim over 3 (including Reissues) 200 100								
	Multiple dependent cl							360 180	
	Total Claims	Extra Cla	<u>ims                                    </u>	<u>e (\$)</u>	Fee Paid	<u>(\$)</u>	Multiple	Dependent Claims	
	20 or HF		× _				<u>Fee (\$)</u>	Fee Paid (\$)	
	HP = highest number	er of total claims	s paid for, if gre	ater than 20					
	Indep. Claims	Extra Cla	<u>ims                                    </u>	e (\$)	Fee Paid	<u>(\$)</u>			
	3 or HP	=	х						
	HP = highest number of independent claims paid for, if greater than 3.								
	3. APPLICATION SIZE FEE								
	If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings								
	under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction								
	thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof. Eq. (\$) Fee Boid (\$)								
	Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  -100 = /50 = (round up to a whole number) x								
	(contact to a miles it amost)								
	4. OTHER FEE(S)  Fees Paid (\$)								
	Non-English Specification, \$130 fee (no small entity discount)								
	Other (e.g., late filing surcharge): Pet. For Ext. of Time (2 mos.)								
	SUBMITTED BY			· · · · · · · · · · · · · · · · · · ·	:_AA! B !	1		-	
	Signature	E D	ell San	Keg (Att	istration No. orney/Agent)	31,800	Telephone	206-622-4900	
	Name (Print/Type)	E. Russell Ta	rieton		oj.r.gciit)		Date	August 27, 2007	